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Invoice ID: 2204361
Created on 7/9/2015 1:54 PM
Last updated on 7/9/2015 1:54 PM

Applicant Form Identifier 14_1x FRN 2576650

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
ST MARTINI LUTHERAN	61038	Identification Number (SPIN)
GRADE SCH		143036948

Applicant FCC Form 498 ID

4. Contact Name RICHARD SENTURIA
5. Contact Telephone Phone (314) 282-3676
Contact Fax (314) 395-5882
Contact Email erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 540

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 946577	2576650		7/1/2014		\$ 600.00	90	\$ 540.00	AWAITING CERTIFICATION

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 7/9/2015

17. Name RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1 9666 OLIVE BLVD

Address 2 SUITE 215

City OLIVETTE

State MO

Zip Code 63132 -

19. Phone Number (314) 282-3676

19a. Fax Number (314) 395-5882

19b. Email RSENTURIA@ERATEPROGRAM.COM

19c. Name of Authorized Person's Employer eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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Invoice ID: 2661233
Created on 8/12/2017 5:07 PM
Last updated on 8/15/2017 5:06 AM

Applicant Form Identifier 14_1x FRN 2576650

Block 1: Header Information

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1. Billed Entity Name ST MARTINI LUTHERAN GRADE SCH	2. Billed Entity Number 61038	3. Service Provider Identification Number (SPIN) 143036948
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Applicant FCC Form 498 ID
443018642

4. Contact Name RICHARD SENTURIA
5. Contact Telephone Phone (314) 282-3676
Contact Fax (314) 395-5882
Contact Email erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 540

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 946577	2576650	ONE-TIME	9/11/2014		\$ 600.00	90	\$ 540.00	COMPLETED

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/12/2017

17. Name RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1 9666 OLIVE BLVD

Address 2 SUITE 215

City OLIVETTE

State MO

Zip Code 63132 -

19. Phone Number (314) 282-3676

19a. Fax Number (314) 395-5882

19b. Email RSENTURIA@ERATEPROGRAM.COM

19c. Name of Authorized Person's Employer eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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